

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
CG1677401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	2					
23	2					
24	2					
25	2					
26	2					
27	1					
28	/					
29	/					
30	/					
31	/					
32	3					
33	3					
34	3					
35	3					
36	1					
37	/					
38	/					
39	2					
40	2					
41	2					
42	2					
43	2					
44	1					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	<i>65</i>					
TOTAL DEP.	<i>65</i>					
TOTAL CLAIMS	<i>115</i>					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	/					
73	/					
74	2					
75	1					
76	1					
77	/					
78	/					
79	/					
80	/					
81	/					
82	/					
83	/					
84	/					
85	/					
86	/					
87	/					
88	/					
89	/					
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						